

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000111860

Entity Name: FUNCTIONAL MEDICINE CENTER, PLLC

Current Principal Place of Business:

780 US1
SUITE 203
VERO BEACH, FL 32962

Current Mailing Address:

1021 INDIAN MOUND TRAIL
VERO BEACH, FL 32963

FEI Number: 46-3418539

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

PERKINS, CHASE D
1021 INDIAN MOUND TRAIL
VERO BEACH, FL 32963 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: PERKINS, CHASE D.

04/07/2017

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name PERKINS, SUSAN N D.C.
Address 1021 INDIAN MOUND TRAIL
City-State-Zip: VERO BEACH FL 32963

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SUSAN N PERKINS

MGRM

04/07/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date